

2020 EMPLOYEE BENEFITS

Medical – 2 Plan Options Life, AD&D, & Disability Dental Vision

401(k)

Eligibility - 1st of the month following 6 months of		
employment and attaining age 21		
Employee Contribution - 2% is the minimum an employee		
must contribute to receive the employer match		
Match - The Pueblo of Laguna will match 5% of an employee		
gross wages per pay period		
VESTING SCHEDULE		

401(k) Plan - Bank of Albuquerque

VESTING SCHEDULE
1 Year - 20%
2 Year - 40%
3 Year - 60%
4 Year - 80%
5 Year - 100%

Supplemental Insurance AFLAC New York Life Flexible Savings Account

PRESBYTERIAN MEDICAL

Group # Smart Care \$500

Smart Care \$500			
PLAN	In	Out of	
FEATURES	Network	Network	
Deductible			
Per Person	\$500		
Family	\$1000		
Coinsurance	70%/30		
Out of Pocket			
Individual	\$3,000		
Family	\$6,000		
Preventative	\$0 copay,	In Network	
	Ded Waived	Only Covered	
Dr. Visits PCP	\$30 Copay	Omy Covered	
Specialist	\$40 Copay		
Diag. Lab / X-ray	No Charge		
Complex Imaging			
(Scans, etc.)	\$50 Per Test		
Inpatient Hospital	30% after		
	Deductible		
Outpatient Surgery	30% after		
	Deductible		
Prescriptions	\$10/\$35/\$55		
Tier 1,2,3 (30 days)			
Mail Order (90	\$20/\$87.50/\$165		
days)	20% up to a max of \$400 per RX		
Specialty Rx's	Not available thru Mail order		
Emergency Room	\$100 Copay		
Urgent Care	\$40 Copay	Not covered	
Cost Per Pay Period			
Employee	\$56.98		
Emp. & Spouse	\$113.97		
Emp. & Child(ren)	\$108.27		
Emp. & Family	\$165.26		

PRESBYTERIAN MEDICAL

Group # Preferred Care Plus \$2000

PLAN FEATURES	In Network	Out of Network		
Deductible				
Per Person	\$2,000	\$4,000		
Family	\$4,000	\$8,000		
Coinsurance	70%/30%	50%/50%		
Out of Pocket				
Individual	\$5,000	\$10,000		
Family	\$10,000	\$20,000		
Preventative	\$0 copay,	50% after Ded		
	Ded waived	30% after Ded		
Dr. Visits PCP	\$30 Copay	50% after Ded		
Specialist	\$40 Copay	30% after Deu		
Diag. Lab / X-ray/	No Charge			
Complex Imaging	\$200 Per Test	50% after Ded		
(Scans, etc.)				
Inpatient Hospital	30% after	50% after Ded		
Inpatient Hospital	Deductible	30% after Deu		
Outpatient Surgery	30% after	50% after Ded		
	Deductible			
Prescriptions				
Tier 1,2,3(30 days)	\$10/\$3			
Mail Order (90	\$20/\$87.	•		
days)	20% up to a max			
Specialty Rx's	Not available t	hru Mail order		
Emergency Room	\$300 Copay			
Urgent Care	\$40 Copay	50% after Ded		
Cost Per Pay Period				
Employee	\$50	\$50.09		
Emp. & Spouse	\$10	\$100.18		
Emp. & Child(ren)	\$95.17			
Emp. & Family	\$145.26			

Please refer to your Summary Plan Description for specific benefits, limitations and requirements. Member can be balanced billed when services rendered by an Out of Network provider.

DELTA DENTAL BENEFITS

Group #12555

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PLAN FEATURES				
In Network Out Network				
Cal. Yr. Deductible	\$25	\$25		
Family Deductible	\$75 \$75			
Calendar Yr. Max	\$1500 \$1250			
Coinsurance				
Preventative	100% 100%			
Basic	80% 80%			
Major	50% 50%			
Orthodontia	50%/\$1,000 50%/\$1,000			
	Lifetime Max Lifetime Max			
Cost Per Pay Period				
Employee	\$2.73			
Emp. & Spouse	\$5.48			
Emp. & Children	\$6.94			
Emp. & Family	\$10.72			

VISION BENEFITS				
Davis Vision				
Group # 541214 PLAN FEATURES				
	In Ne	twork	Out Network	
Exam	\$10	copay	Up to \$40	
Materials	\$25	copay		
Exam & Lenses allowed once every 12 months; Frames allowed every 24 months After copay is applied.				
Lenses	\$25 copay Up to \$40-\$100			
Frames	Up to \$130		Up to \$50	
Contacts allowed in lieu of lenses & frames				
Elective	Up to	\$130	Up to \$105	
Necessary	Covered in full		Up to \$225	
Cost Per Pay Period				
Employee		\$0.68		
Emp. & Spouse		\$1.23		
Emp. & Children		\$1.29		
Emp. & Family		\$2.04		

LIFE BENEFITS

MUTUAL OF OMAHA

Life & AD&D

Employer – Life benefit- 2 x your annual salary to max of \$300,000

AD&D - Same as Life benefit

VOLUNTARY LIFE & AD&D

Employee - 5 x annual salary to max of \$450,000; Guarantee Issue - Up to \$180,000

Spouse- 100% of Employee benefit up to \$250,000. Increments of \$5000. Guarantee Issue \$30,000. Child(ren)- Increments of \$2000; Max of \$10,000.

SHORT TERM DISABILITY

60% up to \$1,000 Weekly Maximum Payable on the 15th day accident or illness Coverage payable maximum 24 weeks

LONG TERM DISABILITY

50% up to \$6,000 Monthly Maximum
180 day elimination Period
Dependent Care Benefit \$350 per month/dependent;
Maximum of \$1,000 a month
*some Disabilities may not be covered or may have limited coverage under your policy.
See plan documents for Disability definitions

USEFUL	CONTACTS
Kathleen Smith	
Employee Benefits /	(505) 552-7021
Employment	ksmith@pol-nsn.gov
Compliance Mgr.	(505) 552-5778
Karen Chino	kchino@pol-nsn.gov
HR Manager	
The Mahoney Group	www.mahoneygroup.com
Mary Hoffman	(480)-214-2736
Account Manager	mhoffman@mahoneygroup.com
Jentry D Harris	(480) 214-2768
Benefit Consultant	jdharris@mahoneygroup.com
Medical Carrier	Presbyterian
Customer Service	(800) 356-2219, (505)923-5678
Online Services	www.info@phs.org
Dental Carrier	Delta Dental
Customer Service	(877) 395-9420
Online Services	www.deltadentalnm.com
Vision Carrier	Davis Vision
Customer Service	(888) 790-9910
Online Services	www.davisvision.com
Life/STD/LTD	Mutual of Omaha
Customer Service	Life & AD&D (800) 775-8805
	Disability- (800) 877-5176
EAP	(800) 872-1414



No matter where you are on your journey, there are times when a little help can go a long way. From checking off daily tasks to working on more complex issues, your program offers a variety resources, tools and services.

Your program is here to help you along the journey of life. No situation is too big or too small. When you and your family members need assistance, reach out anytime and we will help get you on the right path to meet your needs.

Key features

- Provided at no cost to you and your family members
- Includes up to 3 counseling sessions
- Confidential service provided by a third party
- Available 24/7/365

Well-being services

- Coaching—When you have a goal to achieve, coaches help you create a plan of action and stay on track.
- Counseling—For more difficult issues like grief or stress, counselors can provide support tailored to your unique situation.
- Web-based care—Online, interactive programs help improve your emotional well-being for issues like depression

Here's how to get started

Get the help you need, when you need it, can result in you leading a happier, more productive life.

- Give us a call and we will connect you with the right resource or professional.
- Learn more about all of the services available at MagellanHealth.com/member

Legal assistance & financial coaching

Expert consultation to help you with your legal and financial needs. Free 60-minute sessions with legal and financial experts and an online library with resources for identity theft, budgeting, debt management, family law, estate planning and other areas of concern.

Work-life services

Save time and money on life's most important needs. Specialists provide expert guidance and personalized referrals to service providers including childcare, adult care, education, home improvement, consumer information, emergency preparedness and more.

Employee Assistance Program

1-800-327-1393

For TTY Users: 1-800-456-4006

